

*Handwritten:* 10/20/80  
*Handwritten:* 10/20/80

**MULTIPLE DEPENDENT CLAIM  
 FEE CALCULATION SHEET  
 (FOR USE WITH FORM 1-875)**

SERIAL NO. \_\_\_\_\_ FILING DATE \_\_\_\_\_  
 APPLICANT(S) 09 1080025

CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			°		°		°	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
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4							54						
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45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
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TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						